

USM-285 is a 5-part form. Fill out the form and print 5 copies. Sign as needed and route as specified below.

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF
Michele Erkan, Robert Cole et al.IN CLERK'S OFFICE
COURT CASE NUMBER
12-cv-12052 & 12066 (FDS)DEFENDANT
New England Compounding Pharmacy et al.2013 FEB -4 P
TYPE OF PROCESS
 writ of AttachmentSERVE
ATNAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
Gregory Conigliaro as registered agent for New England Compounding Pharmacy, Inc. d/b/a New England Compoun
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)
1 Mountain View Drive, Framingham, MA 01701

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW

Kristen Johnson Parker
HAGENS BERMAN SOBOL SHAPIRO LLP
55 Cambridge Parkway, Suite 301
Cambridge, MA 02142Number of process to be
served with this Form 285

1

Number of parties to be
served in this case

1

Check for service
on U.S.A.SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses,
All Telephone Numbers, and Estimated Times Available for Service):

Fold

Fold

If Gregory Conigliaro is not available in person at the above address, please leave this package for him.

Signature of Attorney other Originator requesting service on behalf of:

☒ PLAINTIFF
☐ DEFENDANT

TELEPHONE NUMBER

(617) 482-3700

DATE

12/13/12

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total
number of process indicated.
(Sign only for USM 285 if more
than one USM 285 is submitted)

Total Process

1

District of
Origin
No. 38District to
Serve
No. 38

Signature of Authorized USMS Deputy or Clerk

nt

Date

12/14/12

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described
on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.☒ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)

☐ A person of suitable age and discretion
then residing in defendant's usual place
of abode

Address (complete only different than shown above)

Date

2/1/13

Time

☐ am
☐ pm

Signature of U.S. Marshal or Deputy

M. Barker

Service Fee

55

Total Mileage Charges
including endeavors)

24.20

Forwarding Fee

Total Charges

79.20

Advance Deposits

Amount owed to U.S. Marshal* or
(Amount of Refund?)

\$0.00

REMARKS:

- 1 DUSM, 1 Hr @ \$5/hr, A/T Mileage 24.20 12/20/12
- Attorney never updated address.

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment,
if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED